

**Rother House Medical Centre  
Patient Participation Group Meeting  
Wednesday 15<sup>th</sup> June 2016  
18:30 Rother House waiting area**

**Present:** Dr T Crook, Elizabeth Dixon, Tom Ganner, Heather Golding, Dr Peter Hutchinson, Anthony Jefferson, Dr Sam Khan, Dr Katharine King, Dr Cristina Ramos, Liz Skelton, Jan Spencer, Annette Smith, Chris Strangwood, Peter Toozer, Jane Vance, Shelagh Williams.

**Apologies:** David Capron, Russell Young, Mark Felton.

**Minutes of Previous meeting:**

The Minutes of the previous Patient Participation Group Meeting held on 10<sup>th</sup> February 2016 had been circulated by TG. It was agreed by those present that they were an accurate record of that meeting.

**Matters arising from minutes not covered in agenda**

ED reported that since our last meeting Laura Fulcher has resigned as Lay Chair for Patient Participation for South Warwickshire Clinical Commissioning Group.

**Items for AOB (Chair to filter)**

Fundraising (JV)

Waiting Room Screen (AS)

**Update from SWCCG PPG (ED and CS)**

Minutes of this meeting will follow in due course and will contain details of the following:

1. Gillian Entwistle talked about Sustainability and the Financial Plan for SWCCG.
2. Richard Lambert & Rita Sangera gave a talk on prescribing. GPs spend £40million a year on prescribing and £6.5 million spent by hospital on prescribing. A long discussion had taken place regarding a move to see how savings can be made.

A lot of people don't know how to dispose of unwanted medications. Could advice be put on the waiting room screen about this? There had been a short discussion about social prescribing and mental health (script to work on allotments etc).

JV commented that no pharmacies can re-use medications and that we are no longer able to send certain items abroad as in the past. The surgery is currently taking part in a 'Waste Pilot' looking at how to make savings in this area. KK mentioned that the move to 28 day prescribing saved tens of thousands of pounds in this practice.

CS said that the main theme of the meeting was pressures on finances and that it had been an interesting meeting and quite useful.



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### **PRG Representation and SWCCG**

Since last meeting ED stood down and CS happy to go. All present at meeting in agreement with this.

It was mentioned that Linda Pollock is co-opted by SWCCG (but doesn't represent the Practice).

### **Pharmacy (ED)**

ED was interested in the proposed closing down of outside Pharmacies. There is lots of information about this on the internet which ED encourages people to read up on this topic. Kully at Rosebird Pharmacy had estimated that this will mean a loss of twenty-five thousand pounds in the first year. CR commented that at the same time the public are being asked to use pharmacies more to reduce pressure on GPs and hospitals.

### **Repeat prescriptions/Patient requests (LP)**

In LP's absence item will be left until next meeting.

### **Staffing Update – GP's and Reception (TG)**

Tom informed the meeting that there had been some additions to the clinical staff.

Dr Steve McGuigan is now a Partner (having formerly been a salaried GP)

Dr Charlotte Wilson (formerly a Registrar here) is now a salaried GP part-time

Dr Karl Kotwal (formerly a Registrar here) is now a salaried GP.(5 sessions)

Dr Victoria Burdon-Bailey has been taken on as an additional salaried GP.(5 sessions)

Dr Tom O'Connor will be starting in August as a salaried GP.(5 sessions)

Dr Anthony Burman is working on Fridays as a locum until the end of July.

Dr Sarah Griffiths is working on Monday afternoons short term.

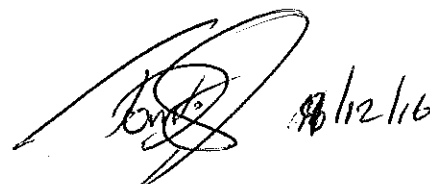
Currently Dr Blunt and Dr Smethurst are on maternity leave and also Dr Helen Farrar (Registrar). We have two Registrars at the moment with one more starting in August.

We also have medical students in the practice on Tuesdays and Wednesdays.

Dr Katharine King has resigned from the Partnership with effect from the end of December and from 1<sup>st</sup> January 2017 reducing her clinical sessions to 2 sessions a week. She will be doing more Educational Leadership work with Health Education England.

AS asked about sessions. The maximum number of sessions is 9 and is considered full time at Rother House.

Tom commented that a more difficult recruitment world was predicted in General Practice next year and that a new scheme had been released to encourage ex-doctors to come back into practice. Having recruited now we are trying to keep ahead of 'the game' and we should be okay. Our list size is growing 6 to 700 patients a year and is expected to go up with all the new builds happening in the area. PT asked about closing the list. TG responded that there are mechanisms for closing lists but they are complicated and undesirable. TJ asked if it would be helpful if he were able to provide predicted numbers for housing numbers? TG said this would be helpful.



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We are continuing to recruit Reception/Admin staff to keep up with demand but are reaching the point where we are running out of spaces to answer the telephone. We have just taken on a new Apprentice Receptionist. We currently have 14 Receptionists (8 full time equivalents).

LS asked if there was any way of displaying who members of staff to enable patients to know who they are seeing. This was discussed and Tom will think about it. Some Practices have photographs of staff on the website.

**Telephone Audit (TG)** It is time to repeat the telephone audit. We have had a huge change of Reception staff since the last one. This involves members of the PPG telephoning in at random times to ask a query ie 'when is the next available appointment for Dr ?) and completing a brief survey form as to how the Receptionist responded to their call and for us to assess how well we are doing. It would be good to do this during the summer months. Tom will liaise with members by email about this.

**Texting Services (TG)** Tom asked are patients happy with system and asked for any comments or are any changes required. At present first text is sent as confirmation of booking, second 24 hours before appointment as a reminder and one following appointment requesting comment for Friends and Family survey. Tom mentioned there had been a problem when appointments needed to be changed because of the illness of a Dr. This prompted new texts to be sent which caused some confusion. Also when the Dr is sent a reminder to ring a patient this also generates a text.

Tom mentioned that we get lots of positive feedback via the Friends & family system but that NHS Choices comments tend to be used by patients with negative comments. We would encourage patients to also use NHS choices if they have positive comments.

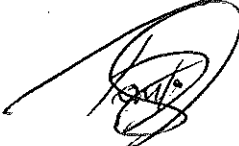
#### **Fit for Frailty (TG)**

This is basically the next step on from the Over 75s Service. There is no longer an age limitation and is aimed to include everyone who needs more support. PT asked how do we identify eligible patients. TG replied that we apply criteria to identify with assistance from SWCCG risk stratification tool. 1% of over 18s registered with Rother House are the target patient group on this programme.

**Website (TG)** Need patient feedback on redesign. ED said don't need Friends and Family test on first page. Suggests website is our selling point. TG will send out email asking for comments on what patients want to see. GP fusion is Company we use. (basically 4 designs). ED suggested looking at other Practice websites for comparison.

#### **AOB:**

**(JV) Fundraising** As a Practice we have done quite a lot of fundraising over the years. JV has been working with the Community Fund Raising Champion from Morrisons

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Supermarket and on Sunday 22<sup>nd</sup> May a quiz night was held raising £235.00 for WRAP (Warwickshire Reminiscence Action Project & The local Dementia Café). Further fundraising projects will be planned in the future with the aim of fundraising for small local charities.

**(AS) Waiting Room Screen** AS had recently visited Trinity Court Surgery with her grandson and in comparison thought our waiting room screen could do with refreshing. Ours is good for information but hasn't changed for some time. Out of this evening's meeting a few ideas had come out which could be featured on the screen ie: disposal of unwanted meds, comments/feedback for NHS Choices, New faces. More news about the Practice.

**(AS) Patient Female Disabled Toilet** Hand dryer not efficient and no paper towels to dry hands, therefore people using toilet paper to dry hands and dropping on the floor.

**(HG)** Had booked appointment for Friday and was given appointment card by Receptionist on which was written appointment for Monday! Came in twice on one day as Receptionist couldn't find blood test form and was asked to come back. Telephone was ringing and another member of staff came round to tell Receptionist to answer phone. When having blood test it has to be taken from hand and only certain nurses able to do this way. HG wondered if Receptionist should be trained to ask patients which way blood taken in order to book appt with correct person? ED suggested some responsibility lies with patient to make requirements known when booking appt for blood test. Tom explained that with newer members of staff there is variable experience on desk and phones. It takes a long time for staff to be fully trained. SK said the lack of blood test form being available was probably a Dr problem.

**(CS) Health Watch Meeting 24<sup>th</sup> June** CS unable to attend this meeting.

**Date of next meeting** To be arranged

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